7–49 days). In 16% of patients time to enter care took over 150 days; those infected by heterosexual contact or injecting drug use were more likely to be in this group. Patients born outside the Netherlands were also more likely to enter care late. 2) From February 2009 until April 2010, 120 participants were included in the study (response 70%). The majority (n=108) were men who have sex with men (MSM). For 78% of participants a date of entry into care was known; median time into care was 8 days (range 0–104 days). Twenty two per cent had not entered care yet of whom 16% had CD4 cell counts below 350. Of participants who were directly referred to an HIV treatment 10% delayed for medical care compared to 45% of participants wanted to make an appointment on their own initiative.

**Conclusions** Specific subpopulations such as heterosexuals and ethnic minorities are at risk for entering care late after being diagnosed HIV positive. Results from the prospective study show that direct referral from STI clinic to an HIV treatment centre leads to less delay. Testing of those at risk is not enough to interrupt HIV transmission chains, entry into care needs to be assured as well.

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**O5-S2.03**

**EFFECT OF IMPROVING THE STI SERVICES IN SEVEN PROVINCES OF CHINA**

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**Background** The STI services can reduce HIV transmission and have been the important component of HIV control programmes. In China, the STI services remain weak. Under the framework of AIDS control programme of the Global Funds Round 4, we conducted the sub-programme to improve STI services in 21 counties of seven provinces in China from 2007 to 2009, including one-week training workshops for all STI care providers, two-month field training for key STI clinicians at STD Clinic of National Center for STD Control, STI drug assurance, and quality services offering for STI patients. Annually the effect of STI services was assessed according to the guideline of WHO/UNAIDS in the 21 counties.

**Methods** The assessment of STI services was through health facility survey, including three indicators: (1)STI service indicator 1 (SSI) is defined as the per cent of patients with STIs at observed health care facilities who are appropriately diagnosed and treated according to the national guidelines on STI treatment in China; (2) STI service indicator 2 (SI2) is defined as the per cent of patients with STIs who are given advice on condom use and partner notification and referral for HIV testing in term of national standards; (3) Standardised STI service indicator (SSI) means the comprehensive case management including SII and SI2. The sample size of STI patients between eligible clinics and all eligible staff to participate in self-administered, computer-assisted surveys. We used STATA 9 for univariate, stratified analysis by χ² and Fisher’s exact test.

**Results** From 2007 to 2009, the SII was 46.16% (397/860) (95% CI 42.58% to 49.49%), 62.94% (605/958) (95% CI 59.83% to 66.00%), 81.96% (686/837) (95% CI 79.35% to 84.57%) on average in 21 counties, respectively, and there was significantly increased trends (χ² is 234.30, p=0.000); the SI2 was 28.32% (243/858) (95% CI 25.31% to 31.33%), 45.04% (451/957) (95% CI 41.89% to 48.19%), 80.33% (679/844) (95% CI 77.65% to 83.01%) on average for these counties, respectively, and there was also significantly increased trends (χ² is 459.37, p=0.000). For overall STI service quality, SSI was 20.98% (180/838) (95% CI 18.26% to 23.70%), 40.02% (383/957) (95% CI 36.92% to 43.12%), 67.26% (563/857) (95% CI 64.08% to 70.44%), respectively in 2007–2009, and there was significantly increased trends (χ² is 570.81, p=0.000). The STI service indicators in rich areas were higher than in poor counties.

**Conclusions** The quality of STI services was significantly improved through the Global Funds Round 4 in 21 counties of seven provinces in China, and should be scaled up to other areas in the country.
Abstract O5-S2.05 Table 1 Sexually transmitted infections provider knowledge, beliefs and attitudes in Gauteng, South Africa, 2008—2009

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some STIs cannot be cured with medication</td>
<td>93.6%</td>
<td>5.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Genital herpes often recurs</td>
<td>93.1%</td>
<td>6.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Genital herpes often causes vaginal discharge in men</td>
<td>25.7%</td>
<td>74.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Genital herpes is curable</td>
<td>42.2%</td>
<td>57.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Genital herpes sores can be treated with medication(s)</td>
<td>84.9%</td>
<td>15.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Many patients with STIs already have HIV or AIDS</td>
<td>42.4%</td>
<td>57.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Beliefs

- I think one of my most important responsibilities is to strongly recommend HIV testing to each of my STI patients: Agree = 93.6%, Disagree = 5.7%, Do Not Know = 0.7%
- I think traditional herbal medicine is able to cure some STIs: Agree = 16.2%, Disagree = 83.8%, Do Not Know = 0.0%
- I think traditional herbal medicine is able to cure HIV/AIDS: Agree = 1.5%, Disagree = 98.5%, Do Not Know = 0.0%
- In the long run, some HIV medication(s) can be more dangerous than having AIDS: Agree = 31.1%, Disagree = 68.9%, Do Not Know = 0.0%

Attitudes

- Under certain circumstances, it is OK to test patients for HIV without telling them: Agree = 26.0%, Disagree = 71.8%, Do Not Know = 2.2%

Conclusions

Based on the experience from the Central American Region, it is feasible to implement integrated HIV, STI and behavioural surveillance surveys using robust molecular techniques in resource poor settings. In collaboration with regional partners, CDC’s approach to STI laboratory capacity strengthening through establishing a regional reference laboratory should be expanded to other regions.

O5-S2.06 ABSTRACT WITHDRAWN

Health services and policy oral session 3—partner notification

O5-S3.01 USE AND EFFECTIVENESS OF EXPEDITED PARTNER THERAPY IN AN INNER-CITY STD CLINIC
doi:10.1136/sextrans-2011-050109.163

T Mickiewicz, A Al-Tayyib, C Mettenbrink, C Rietmeijer, Denver Public Health, Denver, USA

Background In November 2006, the Denver Metro Health (STD) Clinic (DMHC) began offering Expedited Partner Therapy EPT) to heterosexual patients infected with Chlamydia trachomatis (Ct) or Neisseria gonorrhoeae (GC). Among those who accept EPT, the patient delivers treatment to his or her partner(s), removing the need for a clinic visit. We investigate demographic differences among patients who accepted EPT and examine re-infection rates among those who return to the clinic.

Methods Data were extracted from the electronic medical record (EMR) for 2644 eligible patients offered EPT between November 2006 and October 2010. Acceptance rates are compared across demographics and infection status. Rates of re-infection are examined among the 339 patients who returned for re-testing within 21 to 90 days of treatment. Dual infections are excluded.

Results Overall, 763 (28.3%) eligible patients accepted EPT. Women were more likely than men to accept EPT (35.9% vs 25.8%, p<0.01). Patients younger than 40 accepted EPT at a higher rate than those 40 or older (29.6% vs 20.0%, p<0.01). African Americans were least likely to accept EPT (23.0%), whereas approximately 50% of Hispanics and Whites accepted and those reporting multiple races were significantly more likely to accept EPT than those infected with GC (52.7% vs 24.6%, p<0.01). Within 21 to 90 days of treatment initiation, 339 patients returned for re-testing (221 for Ct and 118 for GC). Overall, re-infection rates differed significantly by EPT acceptance at the initial visit with 11.1% re-testing positive among those who accepted EPT compared to 20.4% among those who refused (p=0.04) (Abstract O5-S3.01 table 1). When stratified by type of infection, the differences were no longer significant but the direction of the relationship remained. Among those originally Ct-infected, 9.1% of those who accepted EPT re-tested positive vs 15.3% among those who refused (p=0.19). Among those originally GC-infected, 16.1% of EPT acceptors re-tested positive compared to 28.7% of those who refused (p=0.17).

Abstract O5-S3.01 Table 1 Use and effectiveness of expedited partner therapy in an inner-city STD clinic Mickiewicz T, Al-Tayyib AA, Mettenbrink C, Rietmeijer CA

<table>
<thead>
<tr>
<th>Re-infection rates among those returning to clinic for re-testing</th>
<th>Ct</th>
<th>GC</th>
<th>Ct or GC*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted EPT</td>
<td>7/77 (9.1%)</td>
<td>5/31 (16.1%)</td>
<td>12/108 (11.1%)</td>
</tr>
<tr>
<td>Refused EPT</td>
<td>22/144 (15.3%)</td>
<td>25/87 (28.7%)</td>
<td>47/231 (20.4%)</td>
</tr>
</tbody>
</table>

*p<0.05.